

SEPARATE RI ORL
must be made for each, and the number of each.
In order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106
County Registrar No. _____
Local Registrar No. 219

1. County of Gila
District of _____
Town of _____
or Globe
City of _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Enrique Ornelas } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 10 - 3 - 1927
Month day year

8. FATHER
Full name Julian Ornelas

14. MOTHER
Full maiden name Dolores Solis

9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Mexican

16. Color or race Mexican

11. Age at last birthday 33 (Years)
12. Birthplace (city or place) Mexico
(State or country)

17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Mexico
(State or country)

13. Occupation Laborer
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 p. (Born alive or stillborn.) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature T. C. Harper (Physician or midwife)
Address Globe, Ariz.
Given name added from supplemental report _____
Month, day, year. Filed 10 - 31 - 27 Local Registrar.

Registrar.

Filed _____ 12 _____

County Registrar.

526.7 - 1003 - 422